

City of Tempe Spring 2016 K-8TH Youth Hoops

Non-Tempe Residents are Always Welcome
Grades are based on Fall 2015

K – 3rd Small Ball Hoops:

This program consists of practices followed by four (4) six (6) minute quarter games.

Location & Dates:

Escalante Com. Center (2150 E. Orange St.)
April 2nd– May 14th (Sat. Only)

Times & Codes:

Co. Rec. K-1st: 9:00am-10:15am (Code 48386)
Co. Rec. 2nd-3rd: 10:30am-11:45am (Code 48387)

**Early Bird Registration
Feb. 15th – 21st Fee \$75!**

Easy to Register!

Mail-in or drop off
Monday-Friday, 8 AM-5 PM
(Recreation Services 3500 S. Rural Rd. 2nd Floor)
Fax: 480-350-5058 (Debit or Credit payment only)
On-line: www.tempe.gov/youthsports
(Debit or Credit payment only)

4th - 8th Rec. Hoops:

This program is a (7) week league consisting of Saturday games
weekday evening practices.

March 26th First Day Program Location & Times:

North Tempe Multi-Generational Center (1555 N. Bridalwreath St.)

4th/5th Co. Rec. 9:00am-11:00am

6th-8th Girls 12:00am-2:00pm

6th-8th Boys 2:30pm-4:30pm

Game Locations & Dates:

April 2nd – May 7th Sat. Games Only

4th - 5th Co. Rec. & 6th - 8th Girls League:

Westside Multi-Gen. Center (715 W. 5th St.)

6th - 8th Boys League:

Escalante Com. Center (2150 E. Orange St.)

4th - 8th Game Times & Codes:

Co. Rec 4th - 5th (Code 48389): 11am/12pm/1pm/2pm

Girls 6th - 8th (Code 48390) 2pm /3pm/4pm/5pm

Boys 6th - 8th (Code 48391): 1pm/2pm/3pm/4pm

Fee: \$89.00 Per Child

****Scholarships available****

****Must verify enrollment in state subsidy
program
& be a Tempe resident
or child attends a Tempe School**

Participant Name: _____ Date of Birth _____ Age _____ Sex _____

Address: _____ APT # _____ City _____ Zip _____

Phone: Cell _____ Other _____ School _____ Grade (Fall 2015) _____

Parent's Name: _____ Email: _____ Previous Participant: Y N

Coach/Friend Request: _____

Please Circle One: Co. Rec. K-1st: 48386 Co. Rec. 2nd-3rd: 48387

4th-5th Co. Rec: 48389 6th-8th Boys: 48390 6th-8th Girls: 48391

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. *Photos may be taken during programs for City of Tempe Use*

REQUIRED: Parent or Legal Guardian Signature AND Printed Name _____

Date _____

Fee: \$ _____ Credit Card Number _____ -- -- -- CVC Code: _____ Exp. Date: _____

Enclosed Check # _____ OR Signature Authorizing Charge to above number _____

Questions regarding programs or how to volunteer coach contact 480-350-5222 or kevon_cornejo@tempe.gov